

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

William McCool, Clerk
 United States District Court
 Northern District of Florida
 111 N.. Adams St.
 Tallahassee, Florida 32301

A. Signature

 X Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

3-8-6

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- | | |
|--|---|
| <input checked="" type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail |
| <input type="checkbox"/> Registered | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> C.O.D. |

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

(Trans from service label)

7005 1820 0002 3461 0898

PS Form

1, February 2004

Domestic Return Receipt

102595-02-M-154